

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: RBRVS USERS: **Memorandum No.:** 02-91 MAA
Anesthesiologists **Issued:** January 1, 2003
Advanced Registered Nurse Practitioners
Ophthalmologists
Psychiatrists **For Information Contact:**
Emergency Physicians 1-800-562-6188
Nurse Anesthetists
Outpatient Hospitals
Physicians
Physician Clinics
Registered Nurse First Assistants
Family Planning Clinics
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Laboratories
Managed Care Carriers
Podiatrists
Radiologists
Regional Administrators
CSO Administrators

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Targeted Vendor Rate Increase

Effective for claims with dates of service on and after January 1, 2003, the Medical Assistance Administration (MAA) will implement a targeted vendor rate increase. The vendor rate increase will be allocated as discussed in this memorandum.

IMPORTANT UPDATE!

In an effort to reduce paperwork and administrative costs, MAA is beginning to post updated fee schedules online. These fee schedules can be downloaded in a variety of formats and printed for easy insertion into MAA's billing instructions. Comments or concerns regarding MAA's use of the Internet for the dissemination of fee schedules may be submitted to Cooki Pozycyk at 360-725-1844 or pozycme@dshs.wa.gov.

Overview

The 2002 legislature authorized MAA to implement a targeted vendor rate increase equal to approximately five percent (5%) of the overall budget for physician-related services. This increase is to be allocated to some service areas where MAA clients experience inadequate access, as well as to decrease payment disparity among some provider types. Due to limited funds allocated, MAA cannot accommodate all service areas that are experiencing access problems. Based on feedback from various stakeholders, and after consideration of independent studies that compare MAA's reimbursement levels to other payer's levels, MAA will allocate the additional funding to the following programs: anesthesiology, adult office visits, laboratory services, and arteriovenous (AV) fistula placement with Doppler vein mapping.

Anesthesiology

MAA's new anesthesiology conversion factor is \$20.23. All base units for anesthesia procedures will remain at the July 1, 2002 level as published in the current Physician-Related Services Billing Instructions.

Adult Office Visits

MAA's new adult office visit conversion factor is \$25.00. This conversion factor is applicable to CPT™ evaluation and management (E&M) codes 99201 - 99215 only for clients 21 years of age and older. The following payment levels are established:

CPT Code	1/1/03 Maximum Allowable Fee		CPT Code	1/1/03 Maximum Allowable Fee	
	NFS	FS		NFS	FS
99201	\$23.50	\$15.50	99211	\$14.00	\$6.00
99202	42.25	31.00	99212	25.00	15.75
99203	63.00	47.25	99213	34.50	23.25
99204	89.50	70.00	99214	54.25	38.25
99205	113.75	93.25	99215	79.50	61.75

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Laboratory Services

MAA's new laboratory multiplication factor is 0.81. This equates to 81% of Medicare's fee schedule for most laboratory services.

MAA's new maximum allowable fees for these laboratory services may be viewed or downloaded from MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link, accept the license agreement, click on Numbered Memoranda, and then click on 2002).

In an effort to reduce paperwork, **hardcopies of the fee schedule will not be mailed out with this memorandum.** If you are unable to access the Internet, please call the Provider Relation toll-free number at 1-800-562-6188.

The updated laboratory fee schedule contains only those laboratory codes with updated fees. All other laboratory codes not listed remain at the July 1, 2002 reimbursement level as published in numbered memorandum 02-32 MAA, dated July 17, 2002.

AV Fistulas and Doppler Vein Mapping

Open arteriovenous anastomosis (AV fistula) placement and revision was identified as a procedure with grossly inadequate reimbursement. In addition, Doppler vein mapping often must be done prior to placement of the AV fistula. MAA is establishing flat fees equivalent to Medicare's payment levels for these procedures as follows:

CPT Code	Description	1/1/03 Maximum Allowable Fee
36821	AV fistula, open, direct, any site	\$552.83 (all settings)
36832	AV fistula, revision, open	\$636.81 (all settings)
93970	Bilateral venous studies, complete	\$181.36 (all settings)
93971	Unilateral or limited venous studies	\$120.58 (all settings)

To obtain MAA's billing instructions and/or numbered memoranda electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).